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PTO/SB/36 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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RESCISSION OF PREVIOUS NONPUBLICATION REQUEST

(35 U.S.C. 122(b)(2)(B)(ii))

AND, IF APPLICABLE,

NOTICE OF FOREIGN FILING

(35 U.S.C. 122(b)(2)(B)(iii))

Send completed form to:

Mail Stop PG Pub

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

FAX: (703) 305-8568

Application Number

10/691,399

Filing Date

10/22/2003

First Named Inventor

COOK

Title

Methods of Making Laryngeal Masks

Atty Docket Number

COOK 8713 C3

Art Unit

3761

Examiner

A request that the above-identified application not be published under 35 U.S.C. 122(b) (nonpublication request) was included with the above-identified application on filing pursuant to 35 U.S.C. 122(b)(2)(B)(i).

I hereby **rescind** the previous nonpublication request.

If a notice of foreign or international filing is or will be required by 35 U.S.C. 122(b)(2)(B)(iii) and 37 CFR 1.213(c), I hereby provide such notice. This notice is being provided no later than forty-five (45) days after the date of such foreign or international filing.

If a notice of subsequent foreign or international filing required by 35 U.S.C. 122(b)(2)(B)(iii) and 37 CFR 1.213(c) was not filed within forty-five (45) days after the date of filing of the foreign or international application, the application is **ABANDONED**, and a petition to revive under 37 CFR 1.137(b) is required. See 37 CFR 1.137(f).

Ahaji K. Amos
Signature

10/5/2004

Date

Ahaji K. Amos
Typed or printed name

46,831

Registration Number, if applicable

314-494-9571
Telephone Number

This request must be signed in compliance with 37 CFR 1.33(b).

If information or assistance is needed in completing this form, please contact the Pre-Grant Publication Division at (703)605-4283 or by e-mail at PGPub@USPTO.gov.

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop PG Pub, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Signature

Ahaji Amos

Name (Print/Type)

Ahaji K. Amos

Date

10/5/2004

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PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/691,399
Filing Date	10/22/2003
First Named Inventor	COOK
Art Unit	3761
Examiner Name	
Attorney Docket Number	COOK 8713 C3

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	POSTCARD, RESCISSION OF NONPUBLICATION REQUEST
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="text"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	AHAJI AMOS, 46,831		
Signature			
Printed name	AHAJI AMOS, 46,831		
Date	OCTOBER 5, 2004	Reg. No.	46831

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	AHAJI AMOS	Date	OCTOBER 5, 2004

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PTO/SB/92 (09-04)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/691,399
Filing Date	10/22/2003
First Named Inventor	COOK
Art Unit	3761
Examiner Name	
Attorney Docket Number	COOK 8713 C3

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	AHAJI AMOS				
Address	3810 RITA ELLIOTT COURT				
City	MISSOURI CITY	State	TEXAS	Zip	77459
Country	USA				
Telephone	314-494-9571	Fax	281-778-6798		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Daniel J. Cook</i>				
Name	Daniel J. Cook				
Date	10/15/04	Telephone	314-644-4169		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/61 (09-04)

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/691,399
Filing Date	10/22/2003
First Named Inventor	COOK
Title	METHODS OF MAKING LARYNGEAL MASKS
Art Unit	3761
Examiner Name	
Attorney Docket Number	COOK 8713 C3

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
AHAJI AMOS	46,831

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	AHAJI AMOS		
Address	3910 RITA ELLIOTT COURT		
City	MISSOURI CITY	State	TEXAS
Country	USA	Zip	77459
Telephone	314-464-9571	Fax	281-778-6798

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/66)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Daniel J. Cook</i>	Date	10/4/04
Name	Daniel J. Cook	Telephone	314/464/4169
Title and Company	President Cook 473 LLC		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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